



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

Bureau of Environmental Health

2525 Grand Avenue, Long Beach, CA 90815

Long Beach Dept. of Health and Human Services

Assembly ID		Facility Name			
Acct Number		Meter		Return Form By:	
Service Address				Schedule Code	
	LONG BEACH CA			Assembly Info	(Replacement/Correction)
Assy Location				SN	<input type="checkbox"/>
Tap Number			Internal	Mfr	<input type="checkbox"/>
Contact Name				Type	<input type="checkbox"/>
Map Page				Size	<input type="checkbox"/>
				Model	<input type="checkbox"/>
				Install Date	
				BFD Num	
<input type="checkbox"/> Confinement	<input type="checkbox"/> Freeze Protect	Hazard Type			Haz. Level

Line pressure at time of test: _____

REPORT OF TEST RESULTS

	Check Valve #1	Check Valve #2	Relief Valve	PVB/SVB	Shut Off Valves	
Initial Test	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Held at _____ PSID	<input type="checkbox"/> Opened at _____ PSID	<input type="checkbox"/> Air Inlet Opened at _____ PSID		#1 #2
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Did Not Open	<input type="checkbox"/> Did not Open	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked		<input type="checkbox"/> Check Held at _____ PSID	Leaked	<input type="checkbox"/> <input type="checkbox"/>
R E P A I R	<input type="checkbox"/> CLEANED REPLACED	<input type="checkbox"/> CLEANED REPLACED	<input type="checkbox"/> CLEANED REPLACED	<input type="checkbox"/> CLEANED REPLACED	CLEANED	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc	REPLACED	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring	REPAIR	<input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Check Disc		
	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring		
	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Float		
	<input type="checkbox"/> Diaphragm	<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Diaphragm		
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	Other	<input type="checkbox"/> <input type="checkbox"/>
Other/Notes: _____						

Final Test	_____ PSID	_____ PSID	<input type="checkbox"/> Opened at _____ PSID	Air Inlet _____ PSID		
	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> Closed Tight	<input type="checkbox"/> _____ PSID	CK Valve _____ PSID	Closed Tight	<input type="checkbox"/> <input type="checkbox"/>

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

Initial Test By	Certificate	Date:	Gauge Num	Time In	Time Out	Company	Phone
Final Test By							
Repair By							